



## TECHNICAL UNIVERSITY OF MOMBASA

### ENTERPRISE UNIT

#### CLAIMS FOR EVENING/PART-TIME TEACHING

##### PART A

Surname/Last Name ..... Other Names .....

Department ..... Personal No. ....

Date of Appointment ..... Employer .....

Job Title ..... ID NO. ....

##### PART B

Year ..... Semester ..... Month .....

Day	Date	Course	Class and No. of Students	Level	Total Hours	Rate per Hour	Total Amount
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Total Amount claimed</b>							

Claimant..... Signature..... Date.....

Exams Coordinator..... Signature..... Date.....

C.O.D. .... Signature..... Date.....

Dean of Faculty ..... Signature..... Date.....